



## Kansas Board of Cosmetology

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### CHANGE OF ADDRESS APPLICATION

**Complete this application online, print, and forward with** a legible photocopy of your current government issued photo identification (i.e. drivers license, state identification card, or military identification) to the Kansas Board of Cosmetology at the above address. The current government issued photo identification must include your updated address or the Board will not be able to accept your change of address application.

#### Previous Address

Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Last First Middle

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_  
(mm/dd/yyyy)

Email: \_\_\_\_\_

\*Pursuant to K.S. A. 74-139, the applicant shall be requested to provide the social security number of said applicant. Upon request of the director of taxation, each such authority shall provide to the director of taxation a listing of all such applicants, along with such applicant's social security number and address.

#### New Address

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date change of address takes effect: \_\_\_\_\_

#### K.S.A. 8-248. Notice of change of address

Kansas law requires that a person who currently holds a Kansas driver's license and who has had a change of address must within 10 days of the address change notify the Division of Motor Vehicles, Kansas Department of Revenue. To change your address with the Division of Motor Vehicles, access their website at [www.ksrevenue.org/dmvdrlc.htm](http://www.ksrevenue.org/dmvdrlc.htm).

#### Affirmation—At this point, print the application and sign

**I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form is true and correct and that I am licensed to practice in the State of Kansas**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_